

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): Cary S. Kletter (SNB 210230) KLETTER & PERETZ 22 Battery Street, Suite 202 San Francisco, CA 94111 ATTORNEY FOR (Name): Janet Shalwitz	TELEPHONE NO.: 415-732-3777	FOR COURT USE ONLY
Insert name of court and name of judicial district and branch court, if any: United States District Court for the Northern District of California		CASE NUMBER: CV 08 3672
PLAINTIFF/PETITIONER: Janet Shalwitz DEFENDANT/RESPONDENT: Health Initiatives For Youth, et al.		
REQUEST FOR DISMISSAL <input type="checkbox"/> Personal Injury, Property Damage, or Wrongful Death <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other <input type="checkbox"/> Family Law <input type="checkbox"/> Eminent Domain <input type="checkbox"/> Other (specify):		

— A conformed copy will not be returned by the clerk unless a method of return is provided with the document. —

1. TO THE CLERK: Please **dismiss** this action as follows:

a. (1) ☐ With prejudice (2) ☒ Without prejudice

b. (1) ☒ Complaint (2) ☐ Petition

(3) ☐ Cross-complaint filed by (name):

on (date):

(4) ☐ Cross-complaint filed by (name):

on (date):

(5) ☐ Entire action of all parties and all causes of action

(6) ☒ Other (specify):* As to Defendant Health Initiatives for Youth ONLY.

Date:

11/12/08

Cary S. Kletter

(TYPE OR PRINT NAME OF ☒ ATTORNEY ☐ PARTY WITHOUT ATTORNEY)

* If dismissal requested is of specified parties only, of specified causes of action only, or of specified cross-complaints only, so state and identify the parties, causes of action, or cross-complaints to be dismissed.


 (SIGNATURE)

Attorney or party without attorney for:

☒ Plaintiff/Petitioner

☐ Defendant/Respondent

☐ Cross-complainant

2. TO THE CLERK: Consent to the above dismissal is hereby given.**

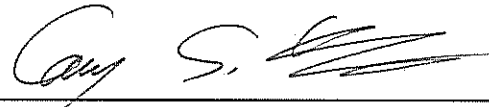
Date:

11/12/08

Cary S. Kletter

(TYPE OR PRINT NAME OF ☒ ATTORNEY ☐ PARTY WITHOUT ATTORNEY)

** If a cross-complaint—or Response (Family Law) seeking affirmative relief—is on file, the attorney for cross-complainant (respondent) must sign this consent if required by Code of Civil Procedure section 581(i) or (j).


 (SIGNATURE)

Attorney or party without attorney for:

☒ Plaintiff/Petitioner

☐ Defendant/Respondent

☐ Cross-complainant

(To be completed by clerk)

3. ☐ Dismissal entered as requested on (date):

4. ☐ Dismissal entered on (date):

as to only (name):

5. ☐ Dismissal **not entered** as requested for the following reasons (specify):

6. ☐ a. Attorney or party without attorney notified on (date):

b. Attorney or party without attorney not notified. Filing party failed to

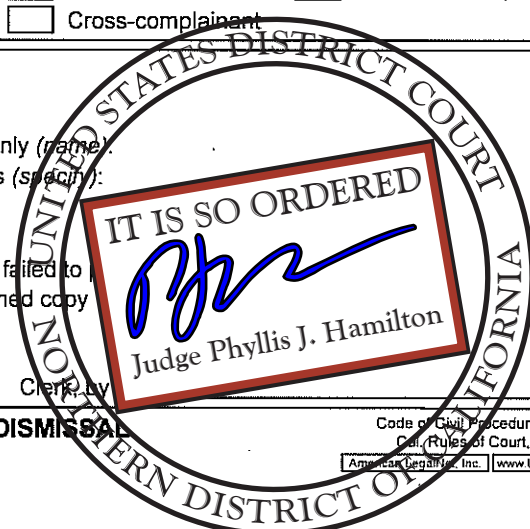
☐ a copy to conform

☐ means to return conformed copy

Date:

Clerk by

, Deputy



11/13/08